COUNTY OF LOS ANGELES



INSTRUCTIONS FOR

LOBBYING ACTIVITY AUTHORIZATION

FORM LOB 2

ORDINANCE NO. 93-0031

A LOBBYING ACTIVITY AUTHORIZATION (Form LOB 2) must be completed and verified by each Lobbyist Employer/Client who contracts with a Lobbying Firm or Individual Lobbyist. It must be attached to the Lobbying Firm/Individual Lobbyist Registration Statement (Form LOB 1) or, when adding a new Lobbyist Employer/Client to the Firm's existing registration, to the Amendment to Registration Statement (Form LOB 5).

The Lobbyist Employer/Client who contracts with the Lobbying Firm or Individual Lobbyist must date and sign the verification. Where the Lobbyist Employer/Client is a business entity or organization, a Responsible Officer of the entity or organization must sign the verification.

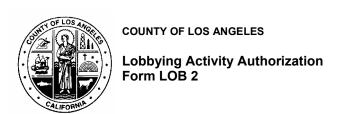
FILE THIS FORM WITH ORIGINAL SIGNATURE WITH THE:

Executive Officer of the Board of Supervisors County of Los Angeles Kenneth Hahn Hall of Administration 500 W. Temple Street, Room 383 Los Angeles, California 90012 (213) 974-1093

INTERNET ACCESS

The Los Angeles County Lobbyist Ordinance, rules, registration/reporting forms, registrants and their quarterly activity reports are accessible at:

http://bos.co.la.ca.us/



Type of Print in lik		Page	oi			
Name of Lobbyist Employe	Ente	Enter the EFFECTIVE DATE of Authorization				
Business Address: (Numb	er, Street & Suite)					
City	State	Zip Code		Tele	Telephone Number & Extension	
				()	
Attention:			E-Mail Address (optional)		Fax Number	
				()	
I hereby authorize						
<u> </u>		(Nam	ne of Lobbying Firm/Individual Lobbyis	t)		

to engage in the activities of a lobbying firm (as defined in Section 2.160.010 of the Los Angeles County Code on behalf of the above named employer).

FURTHER, I ACKNOWLEDGE THAT BY CONTRACTING WITH THIS LOBBYING FIRM/INDIVIDUAL LOBBYIST, I AM REQUIRED TO REGISTER AS A LOBBYIST EMPLOYER AND MUST SUBMIT QUARTERLY ACTIVITY REPORTS.

VERIFICATION

(Business Address)

(City, State, Zip Code)

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)	At (City and State)	By (Signature of Responsible Officer)
Name of Responsible Officer (Type or Print)		Title